

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Planned Parenthood Votes

ADDRESS (number and street) ▼

123 William St, 10th Floor

☐ Check if different than previously reported. (ACC)

New York

NY

10038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489799

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Liz Gustafson

Signature of Treasurer

Liz Gustafson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		1143446.70
(b) Cash on Hand at Beginning of Reporting Period.....	3134534.89	
(c) Total Receipts (from Line 19)	2066482.73	5372266.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5201017.62	6515712.70
7. Total Disbursements (from Line 31)	1527329.93	2842025.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3673687.69	3673687.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	66382.35	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 04 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other
-
- Than Political Committees

(i) Itemized (use Schedule A).....

2063982.73

5369716.00

(ii) Unitemized

0.00

50.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2063982.73

5369766.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

2500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

2066482.73

5372266.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

 19. Total Receipts (add Lines 11(d),
 12, 13, 14, 15, 16, 17, and 18(c)) ►

2066482.73

5372266.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

2066482.73

5372266.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	136101.12	246967.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	136101.12	246967.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33034.37	33034.37
24. Independent Expenditures (use Schedule E)	358194.44	1491575.13
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000000.00	1000000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000000.00	1000000.00
29. Other Disbursements	0.00	70448.22
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1527329.93	2842025.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1527329.93	2842025.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2066482.73	5372266.00
34. Total Contribution Refunds (from Line 28(d))	1000000.00	1000000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1066482.73	4372266.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	136101.12	246967.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	136101.12	246967.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Ms. Jennifer Allan Soros

Mailing Address 70-A Greenwich Ave PMB 199

City

New York

State

NY

Zip Code

10011-8300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Give Lively

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

04 / 06 / 2016

Transaction ID : A2016-799099

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew Bernstein

Mailing Address 2130 E Lake Rd. NE

City

Atlanta

State

GA

Zip Code

30307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

04 / 22 / 2016

Transaction ID : A2016-799098

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Amy Goldman Fowler

Mailing Address 164 Mountain View Road

City

Rhinebeck

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

04 / 19 / 2016

Transaction ID : A2016-799101

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Robert Wiley

Mailing Address 9142 North Mercer Way #7301

City State Zip Code
 Mercer Island WA 98040

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : A2016-799100

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 123 William St, 10th Floor

City State Zip Code
 New York NY 10038

FEC ID number of contributing federal political committee.

C

Name of Employer

Planned Parenthood Action Fund

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

76055.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016

Transaction ID : A2016-652250

Amount of Each Receipt this Period

7871.79

☐ Memo Item

In-kind contribution: staff time for strategic federal program work. See Line 21B

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 123 William St, 10th Floor

City State Zip Code
 New York NY 10038

FEC ID number of contributing federal political committee.

C

Name of Employer

Planned Parenthood Action Fund

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

76055.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016

Transaction ID : A2016-652274

Amount of Each Receipt this Period

6110.94

☐ Memo Item

In-kind contribution: staff time for accounting and FEC compliance. See Line 21B

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38982.73

2063982.73

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Longleaf Pine PAC

Mailing Address 611 Pennsylvania Ave SE #143

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C C00459305

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / **29** / **2016**

Transaction ID : A2016-14817

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Federal PAC

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Catalyst LLC

Mailing Address 1090 Vermont Ave./Ste. 300

City Washington State DC Zip Code 20006

Purpose of Disbursement
Database Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : B602040

Amount of Each Disbursement this Period

168.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Pivot Group

Mailing Address 1720 I Street NW Suite 550

City Washington State DC Zip Code 20005

Purpose of Disbursement
Research Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : B602046

Amount of Each Disbursement this Period

494.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 76 Words

Mailing Address 1806 Vernon St, NW #100

City Washington State DC Zip Code 20009

Purpose of Disbursement
Video Production

004

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : B602159

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4663.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Catalyst LLC

Mailing Address 1090 Vermont Ave./Ste. 300

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Database Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2016
Transaction ID : B602108

Amount of Each Disbursement this Period

5623.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Civis

Mailing Address PO Box 4042

City
ChicagoState
ILZip Code
60654Purpose of Disbursement
Database Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : B602105

Amount of Each Disbursement this Period

640.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Civis

Mailing Address PO Box 4042

City
ChicagoState
ILZip Code
60654Purpose of Disbursement
Research Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2016
Transaction ID : B602107

Amount of Each Disbursement this Period

23830.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30095.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund Inc.

Mailing Address 123 William St, 10th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement
Advance payment for election and operating expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2016
Transaction ID : B602122

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund Inc.

Mailing Address 123 William St, 10th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement
Payment for staff time for fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2016
Transaction ID : B599261

Amount of Each Disbursement this Period

12248.26

☐ Memo Item

payment for staff time for fundraising originally reported on 2016 M4. See Sch. D

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund Inc.

Mailing Address 123 William St, 10th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement
In-kind: staff time for accounting and FEC compliance. See Schedule A

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016
Transaction ID : B602170

Amount of Each Disbursement this Period

6110.94

☐ Memo Item

In-kind: staff time for accounting and FEC compliance

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

93359.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Mailing Address 123 William St, 10th Floor

City	State	Zip Code
New York	NY	10038

Purpose of Disbursement

In-kind contribution: staff time for strategic federal program work. See
Schedule A

Candidate Name

001
Category/ Type

Transaction ID : B602171

Amount of Each Disbursement this Period

7871.79

☐ Memo ItemIn-kind contribution: staff time for strategic federal
program work

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Not Applicable

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Mailing Address 123 William St, 10th Floor

City	State	Zip Code
New York	NY	10038

Purpose of Disbursement

Payment for staff time for fundraising

Candidate Name

001
Category/ Type

Transaction ID : B602172

Amount of Each Disbursement this Period

14210.81

☐ Memo Item

See corresponding draw down transaction, ID B602173

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Not Applicable

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Mailing Address 123 William St, 10th Floor

City	State	Zip Code
New York	NY	10038

Purpose of Disbursement

Payment for staff time for fundraising

Candidate Name

001
Category/ Type

Transaction ID : B602173

Amount of Each Disbursement this Period

-14210.81

☐ Memo ItemDrawdown on advance to Action Fund reported on line
21b of this report

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Not Applicable

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7871.79

135989.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Priorities USA Action

Mailing Address 601 13th Street NW Suite 610N

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

Transaction ID : B602038

Amount of Each Disbursement this Period

33034.37

☐ Memo Item
contribution to federal IE PAC
B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

☐ Memo Item
C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33034.37

33034.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Jonathan Allan Soros

Mailing Address 70A Greenwich Ave PMB 199

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2016

Transaction ID : B601546

Amount of Each Disbursement this Period

1000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000000.00

1000000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 24

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MackCrounse Group

Nature of Debt (Purpose):

Canvass literature

Mailing Address 2001 N. Beauregard St. Ste 420

City State

Alexandria

Zip Code

VA

22311

Outstanding Balance Beginning This Period

3950.00

Transaction ID : D439020

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3950.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

76 Words

Nature of Debt (Purpose):

Production of online advertisements. See
Schedule E and text on page 16

Mailing Address 1806 Vernon St, NW #100

City State

Washington

Zip Code

DC

20009

Outstanding Balance Beginning This Period

30654.12

Transaction ID : D439021

Amount Incurred This Period

0.00

Payment This Period

14895.00

Outstanding Balance at Close of This Period

15759.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Stones' Phones

Nature of Debt (Purpose):

Persuasion phone calls. See Schedule E

Mailing Address 41-750 Rancho Las Palmas Dr #E-3

City

Rancho Mirage

State

CA

Zip Code

92270

Outstanding Balance Beginning This Period

19379.01

Transaction ID : D439022

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

19379.01

1) **SUBTOTALS** This Period This Page (optional)..... ►

39088.13

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SD10

Transaction ID :

This report is being amended to update Schedule D and corresponding year-to-date totals to reflect the Committee's amended M3 report filed on July 20, 2016.

Form/Schedule: SD10

Transaction ID:

Regarding the debt to 76 Words (D439021) and three corresponding IEs (B595398, B595399, and B595400): due to a typographical error, the three IEs were originally reported on a 24-hour notice 2/25/16 and on the M3 report as totalling \$14985. When the final invoice of \$14895 was received and paid in April, the error was discovered. The debt and IEs have been corrected in this report.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blueprint Interactive

Nature of Debt (Purpose):

Online advertising. See Schedule E

Mailing Address 2229 North Pollard St

City State

Zip Code

Arlington

VA

22207

Outstanding Balance Beginning This Period

10500.00

Transaction ID : D439023

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Itzamna Translations Company

Nature of Debt (Purpose):

Full Payment of Translation fees See Schedule E .

Mailing Address P.O. Box 1015

City State

Zip Code

Glendale

AZ

85311

Outstanding Balance Beginning This Period

124.44

Transaction ID : D439024

Amount Incurred This Period

0.00

Payment This Period

124.44

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Action Fund

Nature of Debt (Purpose):

Full Payment for staff time for fundraising See Schedule B

Mailing Address 123 William St, 10th Floor

City

State

Zip Code

New York

NY

10038

Outstanding Balance Beginning This Period

12248.26

Transaction ID : D439025

Amount Incurred This Period

0.00

Payment This Period

12248.26

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

10500.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 24

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SKDKnickerbocker LLC

Nature of Debt (Purpose):

Production Fees: Television Adversement See
schedule E

Mailing Address 1150 18th Street NW/Ste. 800

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439027

Amount Incurred This Period

16794.22

Payment This Period

0.00

Outstanding Balance at Close of This Period

16794.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

16794.22

2) **TOTALS** This Period (last page this line number only)..... ►

66382.35

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

66382.35

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00489799</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>			
Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">19</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Mailing Address 3050 K Street/Ste. 100		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">343175.00</div>	
City Washington	State DC	Zip Code 20007	Transaction ID : B599464 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>
Purpose of Expenditure Media Buy: Television Advertisement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate Kelly Ayotte		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">President</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">Senate</div> State: <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">NH</div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SKDKnickerbocker LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">19</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Mailing Address 1150 18th Street NW/Ste. 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">16794.22</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : B599463 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">19</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>
Purpose of Expenditure Production Fees: Television Adverement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate Kelly Ayotte		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">President</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">Senate</div> State: <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">NH</div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">343175.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Deirdre Schifeling</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee Itzamna Translations Company		<input type="checkbox"/> Memo Item	
Mailing Address P.O. Box 1015		Date of Public Distribution/Dissemination 02 / 17 / 2016	
City Glendale		State AZ	
Zip Code 85311		Amount 2.59	
Purpose of Expenditure Payment for IE (B598485) originally reported on 2016 FEC M3 Report. See Schedule D		Category/Type 004	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought 1189488.69		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Itzamna Translations Company		<input type="checkbox"/> Memo Item	
Mailing Address P.O. Box 1015		Date of Public Distribution/Dissemination 02 / 17 / 2016	
City Glendale		State AZ	
Zip Code 85311		Amount 2.59	
Purpose of Expenditure Payment for IE (B598486) originally reported on 2016 FEC M3 Report. See Schedule D		Category/Type 004	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: TX	
Calendar Year-To-Date Per Election for Office Sought 1189488.69		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5.18	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Deirdre Schifeling</i>		Date 05 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Itzamna Translations Company		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 02 / 17 / 2016
Mailing Address P.O. Box 1015			Amount 2.59
City Glendale	State AZ	Zip Code 85311	Transaction ID : B598487
Purpose of Expenditure Payment for IE (B598487) originally reported on 2016 FEC M3 Report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation 04 / 26 / 2016
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought 1189488.69		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Itzamna Translations Company		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 02 / 17 / 2016
Mailing Address P.O. Box 1015			Amount 2.59
City Glendale	State AZ	Zip Code 85311	Transaction ID : B598488
Purpose of Expenditure Payment for IE (B598488) originally reported on 2016 FEC M3 Report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation 04 / 26 / 2016
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought 1189488.69		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deirdre Schifeling**[Electronically Filed]*

Signature

Date

05 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Itzamna Translations Company		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address P.O. Box 1015				Amount 111.49	
City Glendale	State AZ	Zip Code 85311	Transaction ID : B598489		
Purpose of Expenditure Payment for IE (B598489) originally reported on 2016 FEC M3 Report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016		
Name of Federal Candidate Nationwide Unitemized		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		8168.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Itzamna Translations Company		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address P.O. Box 1015				Amount 2.59	
City Glendale	State AZ	Zip Code 85311	Transaction ID : B598730		
Purpose of Expenditure Payment for IE (B598490) originally reported on 2016 FEC M3 Report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		1189488.69		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	114.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY
05 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee 76 Words			<input type="checkbox"/> Memo Item		
Mailing Address 1806 Vernon St, NW #100			Date of Public Distribution/Dissemination 02 / 24 / 2016		
City Washington		State DC	Zip Code 20009		
Purpose of Expenditure Pymt. for IE (B595398) rptd. on 2016 FEC M3 rpt.; note corrected amt.; see SchD and text on page 16		Category/Type 004		Amount 8073.85	
Name of Federal Candidate Hillary Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			1189488.69		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: TX		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee 76 Words			<input type="checkbox"/> Memo Item		
Mailing Address 1806 Vernon St, NW #100			Date of Public Distribution/Dissemination 02 / 24 / 2016		
City Washington		State DC	Zip Code 20009		
Purpose of Expenditure Pymt. for IE (B595399) rptd. on 2016 FEC M3 rpt.; note corrected amt.; see SchD and text on page 16		Category/Type 004		Amount 3279.80	
Name of Federal Candidate Hillary Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			1189488.69		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: MI		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11353.65		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Deirdre Schifeling</i>			Date 05 / 20 / 2016		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee 76 Words		<input type="checkbox"/> Memo Item	
Mailing Address 1806 Vernon St, NW #100		Date of Public Distribution/Dissemination 02 / 24 / 2016	
City Washington		State DC	
Zip Code 20009		Amount 3541.35	
Purpose of Expenditure Pymt. for IE (B595400) rptd. on 2016 FEC M3 rpt.; note corrected amt.; see SchD and text on page 16		Category/Type 004	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: VA	
Calendar Year-To-Date Per Election for Office Sought 1189488.69		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		<input type="checkbox"/> Memo Item	
Mailing Address		Date of Public Distribution/Dissemination	
City		State	
Zip Code		Amount	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		3541.35	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		358194.44	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Deirdre Schifeling</i>		Date 05 / 20 / 2016	
		[Electronically Filed]	